

Part 3	5. Adjusted Gross Income (From line 5, page 1) (01)		00
	6. STANDARD DEDUCTION: If you checked box 1 in Part 1 enter \$3,150, box 2 enter \$2,100, box 3 enter \$2,730, box 4 enter \$2,100. If you checked box 5 and your spouse claimed itemized deductions enter zero. If your spouse did not itemize enter \$1,575 (02)		00
	7. Total itemized deductions (Schedule A Individual, Part I, line 17) (03)		00
	8. Standard or itemized deductions (Enter the larger of line 6 or 7) (04)		00
	9. Total additional deductions (Schedule A Individual, Part II, line 10) (05)		00
	10. Telephone service payment for communication with military personnel in combat zone (See instructions) (06)		00
	11. PERSONAL EXEMPTION: If you checked box 1 enter \$3,000, box 2 enter \$1,300, box 3 enter \$3,000, box 4 enter \$1,300, box 5 enter \$1,500 (07)		00
	12. EXEMPTION FOR DEPENDENTS (Complete Schedule A1 Individual, see instructions)		
	A) Non university: Category (N) (10) _____ x \$1,600 (11)		00
	B) University student: Category (U) (14) _____ x \$1,600 (15)		00
	C) Disabled, blind or age 65 or older: Category (I) (18) _____ x \$1,600 (19)		00
	D) Total Exemption for Dependents (Add lines 12A, 12B and 12C)..... (20)		00
	13. Total Deductions and Exemptions (Add lines 8, 9, 10, 11 and 12D)..... (21)		00
	14. NET TAXABLE INCOME (Subtract line 13 from line 5. If line 13 is larger than line 5, enter zero)..... (30)		00

Part 4	15. TAX AS PER: (01) <input checked="" type="radio"/> 1 Tax Table <input type="radio"/> 2 Special tax on capital gains <input type="radio"/> 3 Nonresident alien..... (02)		00
	16. Gradual Adjustment Amount (Determine this adjustment if the amount indicated on line 14 is larger than \$75,000) (Schedule P Individual, line 7) (03)		00
	17. Excess of Alternate Basic Tax over Regular Tax (Schedule O Individual, line 6) (04)		00
	18. Tax on interest subject to withholding (Schedule F Individual, Part I, line 6) (05)		00
	19. Special tax on corporate dividends and partnerships distributions subject to withholding (Schedule F Individual, Part II, line 4A) (06)		00
	20. Special tax on dividends and partnership profits distributions (Schedule F Individual, Part II, line 5B)..... (07)		00
	21. Special tax on deemed dividends and partnership profits distributions (Schedule F Individual, Part II, line 6C) (08)		00
	22. Tax on dividends from Capital Investment or Tourism Fund (Submit Schedule Q1)..... (09)		00
	23. Tax on IRA or Educational Contribution Accounts distributions of income from sources within P.R. (Schedule F Individual, Part VII, line 2) (10)		00
	24. Tax on IRA distributions to Government pensioners (Schedule F Individual, Part VII, line 3) (11)		00
	25. Tax on distributions and transfers from Governmental Plans and Deferred Compensation Plans (Schedule F Individual, Part V, line 4 and Part VIII, line 3)..... (12)		00
	26. Tax on IRA distributions under Section 1169C (Schedule F Individual, Part VII, line 4) (13)		00
	27. Special tax on net income from Film or Infrastructure Projects, and from businesses with tax exemption decree under Act 135 of 1997 (Schedule K Individual, Part II, line 10 or Schedule N Individual, Part II, line 8) (14)		00
	28. Income tax from Major League Baseball teams and the U.S. National Basketball Association (Schedule F Individual, Part VI, line 2) (15)		00
	29. TOTAL TAX DETERMINED (Add lines 15 through 28) (16)		00
	30. Recapture of credit claimed in excess (Schedule B Individual, Part I, line 3) (17)		00
	31. Credit for salaried taxpayers (See instructions) (18)		00
	32. Tax credits (Schedule B Individual, Part II, line 23) (19)		00
	33. TAX LIABILITY (Add lines 29 and 30 and subtract line 31 or 32, whichever applies. If it is less than zero, enter zero) (20)		00
	34. TAX WITHHELD OR PAID:		
	A) Tax withheld on wages (Add lines 1A and 1C of Part 2)..... (21)		00
	B) Tax withheld on annuities and pensions (Schedule H Individual, Part II, line 13) (22)		00
	C) Other payments and withholdings (Schedule B Individual, Part III, line 21) (23)		00
	D) Total Tax Withheld or Paid (Add lines 34A through 34C) (24)		00
	35. AMOUNT OF TAX DUE (If line 34D is smaller than line 33, enter the difference here, otherwise, enter on line 39) (25)		00
	36. Less: Amount paid with automatic extension of time (26)		00
	37. BALANCE OF TAX DUE (If line 35 is larger than line 36, enter the difference here, otherwise, enter on line 39) (27)		00
	38. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Individual, Part IV, line 34) (28)		00
39. Less: Excess of Tax Withheld or Paid (29)		00	
40. Less: Amount paid (a) With Return or Electronic Transfer through a Certified Program (30)		00	
(b) Other Electronic Transfers (Transaction No. _____) (31)		00	
(c) Interest (32)		00	
(d) Surcharges _____ and Penalties (33)		00	
41. BALANCE OF TAX DUE (Subtract lines 39, 40(a) and 40(b) from lines 37 and 38 and enter the difference here. If it is less than zero, enter the difference on line 42) (34)		00	
42. AMOUNT OVERPAID (Subtract lines 34D and 36 from lines 33 and 38. Indicate distribution on line A or B) (35)		00	
A) To be credited to estimated tax for 2007 (36)		00	
B) TO BE REFUNDED (If you want your refund to be deposited directly into an account, complete Part 5) (40)		00	

AUTHORIZATION FOR DIRECT DEPOSIT OF REFUND

Part 5	Type of account	Routing/transit number	Account number
	<input type="radio"/> Checking <input type="radio"/> Savings	<input type="text"/>	<input type="text"/>
	Account in the name of: _____ and _____ (Print complete name as it appears on your account. If married and filing jointly, include your spouse's name)		

I hereby declare under penalty of perjury that this return, schedules and other documents attached, has been examined by me and it is true, correct and complete. The declaration of the person that prepares this return (except the taxpayer) is based on the information available, and this information has been verified.

Taxpayer's Signature	Date	Spouse's Signature	Date
<input checked="" type="checkbox"/> Specialist's Name (Print)		<input checked="" type="checkbox"/> Name of the Firm or Business	
Address	Registration Number	Employer Identification Number	
Zip Code	Self-employed Specialist (Fill in here) <input type="radio"/>	Specialist's Signature	Date

NOTE TO TAXPAYER
 Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.
 Retention period: Ten (10) years

Schedule A Individual

Rev. 12.06



ITEMIZED AND ADDITIONAL DEDUCTIONS

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Itemized Deductions (See instructions)

Table with 10 columns: Line number, Description, Mortgage, Loan Number, Employer Identification No., Amount, and Total. Includes sections for Home mortgage interest (lines 1-10), License plates (12), Child care (13), Elderly care (14), Rent (15), Property tax (16), Casualty loss (17), Medical (18), Charitable (19), Loss of property (20), Windmills (21), Technological assistance (22), Education (23-25), and Student loans (26-30).

Part II Additional Deductions (See instructions)

Table with 5 columns: Line number, Description, Financial inst., Account No., Employer Ident. No., Contribution, and Total. Includes sections for Individual Retirement Accounts (lines 1-4), Governmental pension (5), Veterans (6), Ordinary expenses (7), Automobile loan interest (8), Young people (9), Educational Contribution (10), and Acquisition of computer (11).

Schedule A1 Individual

Rev. 12.06



DEPENDENTS AND BENEFICIARIES OF EDUCATIONAL CONTRIBUTION ACCOUNTS

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Dependents Information (See instructions)

55

IMPORTANT INFORMATION PART I

- Do not include the spouse on this schedule. A married individual who lives with his spouse is not a head of household for tax purposes, therefore, you should not include the wife's name in the box for head of household (line 01).
- If you claim the head of household filing status, include the dependent who entitles you to claim such status on the Head of Household line (01), but do not claim the exemption for this dependent.
- In order to consider the exemption for dependents you must include this Schedule with your return.

Head of Household (01)	First Name, Initial	Last Name	Second Last Name	Relationship	Category J	Date of Birth	Social Security Number
	NOT THE TAXPAYER / NOT THE SPOUSE						
	First Name, Initial	Last Name	Second Last Name	Relationship	Category* (N)(U)(I)	Date of Birth Day / Month / Year	Social Security Number
(02)							
(03)							
(04)							
(05)							
(06)							
(07)							
(08)							
(09)							
(10)							

Part II Beneficiaries of Educational Contribution Accounts (See instructions)

57

IMPORTANT INFORMATION PART II

- These beneficiaries must not be considered to determine the exemption for dependents. However, if any of these beneficiaries qualifies as your dependent, you must also include him/her in Part I of this Schedule.

	Name, Initial	Last Name	Second Last Name	Date of Birth Day / Month / Year	Relationship	Social Security Number	Contributed Amount
(01)							00
(02)							00
(03)							00
(04)							00
(05)							00
(10)	Total contributions (Add lines (01) through (05) and transfer to Schedule A Individual, Part II, line 8 of the Long Form)						00

*See instructions.

Schedule B Individual

Rev. 12.06



RECAPTURE OF CREDIT CLAIMED IN EXCESS,
TAX CREDITS, AND OTHER PAYMENTS
AND WITHHOLDINGS

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I

Recapture of Investment and Conservation Easement Credit Claimed in Excess

Name of entity: Employer identification No: Credit for:	Column A	Column B	Column C
	(01)	(03)	(05)
	(02)	(04)	(06)
Tourism Development	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
Solid Waste Disposal	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
Agricultural Incentives	3 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
Capital Investment Fund	4 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>
Theatrical District of Santurce	5 <input type="radio"/>	5 <input type="radio"/>	5 <input type="radio"/>
Film Industry Development	6 <input type="radio"/>	6 <input type="radio"/>	6 <input type="radio"/>
Housing Infrastructure	7 <input type="radio"/>	7 <input type="radio"/>	7 <input type="radio"/>
Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	8 <input type="radio"/>	8 <input type="radio"/>	8 <input type="radio"/>
Acquisition of an Exempt Business in the Process of Closing its Operations in Puerto Rico	9 <input type="radio"/>	9 <input type="radio"/>	9 <input type="radio"/>
Conservation Easement	10 <input type="radio"/>	10 <input type="radio"/>	10 <input type="radio"/>
Other:	11 <input type="radio"/>	11 <input type="radio"/>	11 <input type="radio"/>
1. Total credit claimed in excess	(07)		00
2. Recapture of credit claimed in excess paid in previous year, if applicable	(08)		00
3. Recapture of credit claimed in excess paid this year (Transfer to Part 4, line 30 of the return. See instructions)	(09)		00
4. Excess of credit due to next year, if applicable (Subtract lines 2 and 3 from line 1. See instructions)	(10)		00

Part II

Tax Credits (Do not include estimated tax payments. Include such payments in Part III of this Schedule)

1. Credit for taxes paid to the United States, its possessions and foreign countries (Schedule C Individual, Part IV, line 7)	(11)	00
2. Credit for: (12) <input type="radio"/> 1 Section 4(a) of Act 8 of 1987 and/or <input type="radio"/> 2 Section 3(b) of Act 135 of 1997 (See instructions) ..	(13)	00
3. Credit for investment Act No. 362 of 1999: (14) <input type="radio"/> 1 Film Project and/or <input type="radio"/> 2 Infrastructure Project (See instructions) ..	(15)	00
4. Credit for investment in Capital Investment Fund, Tourism or other funds, or direct investments (Submit Schedule Q) (See instructions)	(16)	00
5. Credit attributable to losses in Capital Investment Fund, Tourism or other funds (Submit Schedules Q and Q1)	(17)	00
6. Credit for contributions to the Educational Foundation for Free Selection of Schools (See instructions)	(18)	00
7. Credit for payments of Membership Certificates by Ordinary and Extraordinary Members of Employees-Owned Special Corporations (See instructions)	(19)	00
8. Credit for the purchase of tax credits (Complete Part IV) (See instructions)	(20)	00
9. Credit for investment in housing infrastructure (See instructions)	(21)	00
10. Credit for investment in the construction or rehabilitation of rental housing projects for low or moderate income families (See inst.)	(22)	00
11. Credit for construction investment in urban centers (See instructions)	(23)	00
12. Credit for merchants affected by urban centers revitalization (See instructions)	(24)	00
13. Credit to investors who acquire an exempt business that is in the process of closing its operations in Puerto Rico (See instructions) ...	(25)	00
14. Credit for purchases of products manufactured in Puerto Rico and Puerto Rican agricultural products (Submit Schedule B1 Individual)	(26)	00
15. Credit for contributions to Santa Catalina's Palace Patronage (See instructions)	(27)	00
16. Credit for the establishment of an eligible conservation easement or donation of eligible land (See instructions)	(28)	00
17. Credit for salaried persons or pensioners (See instructions)	(29)	00
18. Exemption for persons that operate as bookseller (See instructions)	(30)	00
19. Credits carried from previous years (Submit detail)	(31)	00
20. Other credits not included on the preceding lines (Submit detail) (See instructions)	(32)	00
21. Total Tax Credits (Add lines 1 through 20)	(33)	00
22. Total tax determined (Part 4, line 29 of the return)	(34)	00
23. Credit to be claimed (The smaller of line 21 or 22. Transfer to page 2, Part 4, line 32 of the return)	(35)	00
24. Carryforward credits (Submit detail)	(40)	00

Part III		Other Payments and Withholdings	
1. Estimated tax payments for 2006	(41)		00
2. Tax paid in excess in prior years credited to estimated tax	(42)		00
3. Tax withheld to nonresidents (Form 480.6C)	(43)		00
4. Tax withheld on interest (Schedule F Individual, Part I, line 8)	(44)		00
5. Dividends from corporations or distributions from partnerships (Schedule F Individual, Part II, line 7A)	(45)		00
6. Dividends and partnership profits distributions under Section 1012(j) or 1221(d) (Schedule F Individual, Part II, line 7B)	(46)		00
7. Deemed dividends and partnership profits distributions under Section 1012(j) or 1221(d) (Schedule F, Individual, Part II, line 7C)	(47)		00
8. Dividends from corporations or distributions from partnerships operating under Act No. 8 of 1987 (Form 480.6B): <input type="radio"/> 10% <input type="radio"/> 5% <input type="radio"/> 2%	(48)		00
9. Dividends from Capital Investment or Tourism Funds (Submit Schedule Q1)	(49)		00
10. Services rendered by individuals (Form 480.6B)	(50)		00
11. Payments for judicial or extrajudicial indemnification (Form 480.6B)	(51)		00
12. Tax withheld on distributable share of net profits to stockholders of corporations of individuals (Form 480.6C1)	(52)		00
13. Tax withheld on distributable share of net profits to partners of special partnerships (Form 480.6SE)	(53)		00
14. Tax withheld on IRA or Educational Contribution Accounts distributions of income from sources within Puerto Rico (Form 480.7 and/or 480.7B)	(54)		00
15. Tax withheld on IRA distributions to Government pensioners (Form 480.7)	(55)		00
16. Tax withheld on IRA distributions under Section 1169C (Form 480.7)	(56)		00
17. Tax withheld at source on qualified pension plans distributions (Form 480.6B)	(57)		00
18. Tax withheld on distributions and transfers from Governmental Plans (Form 480.6B)	(58)		00
19. Tax withheld on Deferred Compensation Plans distributions (Form 480.6B)	(59)		00
20. Other payments and withholdings not included on the preceding lines (Submit detail)	(60)		00
21. Total other payments and withholdings (Add lines 1 through 20. Transfer to page 2, Part 4, line 34C of the return)	(61)		00

Part IV		Breakdown of the Purchase of Tax Credits	
Fill in the oval corresponding to the act (or acts) under which you acquired the credit and enter the amount:			
<input type="radio"/> Tourism Development	(62)		00
<input type="radio"/> Solid Waste Disposal	(63)		00
<input type="radio"/> Agricultural Incentives	(64)		00
<input type="radio"/> Capital Investment Fund	(65)		00
<input type="radio"/> Theatrical District of Santurce	(66)		00
<input type="radio"/> Film Industry Development	(67)		00
<input type="radio"/> Housing Infrastructure	(68)		00
<input type="radio"/> Construction or Rehabilitation of Rental Housing Projects for Low or Moderate Income Families	(69)		00
<input type="radio"/> Conservation Easement	(70)		00
<input type="radio"/> Revitalization of Urban Centers	(71)		00
<input type="radio"/> Acquisition of an Exempt Business that is in the Process of Closing its Operations in Puerto Rico	(72)		00
<input type="radio"/> Other:	(73)		00
Total credit for the purchase of tax credits (Same as Part II, line 8)	(74)		00

Schedule C Individual

Rev. 12.06



CREDIT FOR TAXES PAID TO THE UNITED STATES, ITS POSSESSIONS AND FOREIGN COUNTRIES

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Name of place to which taxes were paid

Part I Determination of Net Income from Sources Outside of Puerto Rico

1. Adjusted gross income from sources outside of Puerto Rico (See instructions)		00
2. Optional standard or itemized deductions and additional deductions (Part 3, lines 8 and 9 of the return)		00
3. Adjusted gross income from sources outside of Puerto Rico (Same as line 1)		00
4. Adjusted gross income from all sources (Part 2, line 5 of the return)		00
5. Divide line 3 by line 4		%
6. Multiply line 2 by line 5		00
7. NET INCOME FROM SOURCES OUTSIDE OF PUERTO RICO (Subtract line 6 from line 1)		00

Part II Determination of Net Income from All Sources

1. Adjusted gross income from all sources (Part 2, line 5 of the return)		00
2. Optional standard or itemized deductions and additional deductions (Part 3, lines 8 and 9 of the return)		00
3. NET INCOME FROM ALL SOURCES (Subtract line 2 from line 1)		00

Part III Taxes Paid or Accrued to the United States, its Possessions and Foreign Countries

1. Credit claimed for taxes: <input type="radio"/> Paid <input type="radio"/> Accrued	
2. (a) Date paid or accrued	(b) Taxes paid or accrued during the year

Part IV Determination of Credit

30

1. Net income from sources outside of Puerto Rico (Part I, line 7)		00
2. Net income from all sources (Part II, line 3)		00
3. Taxes to be paid in Puerto Rico (Part 4, lines 15,16 and 17 of the return)	(01)	00
4. Divide line 1 by line 2		%
5. CREDIT (Multiply line 3 by line 4)		00
6. Taxes paid to the United States, its possessions and foreign countries (Part III, line 2(b))		00
7. CREDIT TO BE CLAIMED (Enter here and on Schedule B Individual, Part II, line 1, the smaller of line 5 or 6)	(10)	00

LIMITATION: THE CREDIT SHALL NOT EXCEED THE AMOUNT OF TAXES PAID TO THE UNITED STATES, ITS POSSESSIONS AND FOREIGN COUNTRIES.

Schedule E

Rev. 12.06



DEPRECIATION

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer Identification Number

1. Type of property (in case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$25,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
---------------------------------------------------------------------------------------------	-------------------	-------------------------------------------------------------------------------------------------------------------------	-----------------------------------------	-------------------------------------------------------	------------------------------------

37

(a) Current Depreciation

			00	00	00
			00	00	00
			00	00	00
Total				00	00

(b) Flexible Depreciation

			00	00	00
			00	00	00
			00	00	00
Total				00	00

(c) Accelerated Depreciation

			00	00	00
			00	00	00
			00	00	00
Total				00	00

(d) Improvements Depreciation

			00	00	00
			00	00	00
			00	00	00
Total				00	00

(e) Amortization (i.e. Goodwill)

			00	00	00
			00	00	00
			00	00	00
Total				00	00

Note: Complete next line only if you are filling out Form 482.0 (Individual Income Tax Return - Long Form)

TOTAL: (Add total of lines (a) through (e) of Column 6. Transfer to Schedules K, L, M and N Individual, whichever applies) (10) 00

Schedule CH Individual

Rev. 12.06



RELEASE OF CLAIM TO EXEMPTION FOR CHILD (CHILDREN) OF DIVORCED OR SEPARATED PARENTS

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I

Release of Claim to Exemption for Dependents for Current Year (See instructions)

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year 2006 for (enter the name(s) of child (children)):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Signature of parent releasing claim to exemption Social Security Number Date

Part II

Release of Claim to Exemption for Dependents for Future Years (See instructions)

If you choose not to claim an exemption for this (these) child (children) for future taxable years, complete this Part.

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption

taxable year(s) _____ for (enter the name(s) of child (children)):
(Specify)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Signature of parent releasing claim to exemption Social Security Number Date

Schedule D Individual

Rev. 12.06



CAPITAL ASSETS GAINS AND LOSSES

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I Short-Term Capital Assets Gains and Losses (Held 6 months or less)

52

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0			(01) 00	00	00	00
	0			(02) 00	00	00	00
	0			(03) 00	00	00	00
1. Net short-term capital gain (or loss)						(04)	00
2. Net short-term capital gain on sale of your principal residence and/or sole proprietorship business						(05)	00
3. Net short-term capital gain from investment funds (Submit Schedule Q1)						(06)	00
4. Distributable share on net short-term capital gain (or loss) from Estates or Trusts						(07)	00
5. Distributable share on net short-term capital gain (or loss) from Special Partnerships						(08)	00
6. Distributable share on net short-term capital gain (or loss) from Corporations of Individuals						(09)	00
7. Distributable share on net short-term capital gain (or loss) from Employees - Owned Special Corporations						(10)	00
8. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)						(11)	00
9. Net capital loss carryover (Submit schedule)						(12)	00
10. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)						(13)	00
11. Net short-term capital gain (or loss) (Add lines 1 through 10)						(15)	00

Part II Long-Term Capital Assets Gains and Losses (Held more than 6 months)

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0			(16) 00	00	00	00
	0			(17) 00	00	00	00
	0			(18) 00	00	00	00
12. Net long-term capital gain (or loss)						(19)	00
13. Net long-term capital gain on sale of your principal residence and/or sole proprietorship business						(20)	00
14. Distributable share on net long-term capital gain (or loss) from Estates or Trusts						(21)	00
15. Distributable share on net long-term capital gain (or loss) from Special Partnerships						(22)	00
16. Distributable share on net long-term capital gain (or loss) from Corporations of Individuals						(23)	00
17. Distributable share on net long-term capital gain (or loss) from Employees - Owned Special Corporations						(24)	00
18. Net long-term capital gain (or loss) attributable to direct investment an not through a Capital Investment Fund (Submit detail)						(25)	00
19. Excess of deductions over the income derived from an activity that is not your principal industry or business (See instructions)						(26)	00
20. Net long-term capital gain (or loss) (Add lines 12 through 19)						(27)	00

Part III Long-Term Capital Assets Gains and Losses (Held more than 6 months) Realized under Special Legislation

Description and Location of Property	Fill in if you Prepaid	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	0			(28) 00	00	00	00
21. Net long-term capital gain (or loss) under Act: _____ (Decree No. _____)						(29)	00

Part IV Lump-Sum Distributions from Qualified Pension Plans and from Variable Annuity Contracts							
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount		
22. Taxable at 20%	<input type="radio"/>		(30) 00	00	(33) 00	00	
23. Taxable at 12.5%	<input type="radio"/>		(31) 00	00	(34) 00	00	
24. Taxable at 5%	<input type="radio"/>		(32) 00	00	(35) 00	00	
25. Total lump-sum distributions from qualified pension plans (Total of Column C)						(36)	00
26. Lump-sum distributions from variable annuity contracts (See instructions)						(37)	00
27. Total lump-sum distributions from qualified pension plans and from variable annuity contracts (Add lines 25 and 26)						(38)	00

Part V Net Capital Gains or Losses and Distributions from Qualified Pension Plans for Determination of the Adjusted Gross Income 53						
Gains or Losses	Column A		Column B		Column C	
	Short-Term		Long-Term		Under Special Legislation	
28. Enter the gains determined on lines 11, 20 and 21 in the corresponding Column	(01)	00		00		00
29. Enter the losses determined on lines 11, 20 and 21 in the corresponding Column	(02)	00	(03)	00	(05)	00
30. If any of Columns B and C reflect a loss on line 29, apply the total to the gain in the other Column (See instructions)				00		00
31. Subtract line 30 from line 28. If any Column reflected a loss on line 29, enter zero here				00		00
32. Apply the loss from line 29, Column A proportionally to the gains in Columns B and C (See instructions)				00		00
33. Subtract line 32 from line 31			(04)	00	(06)	00
34. Add the total of Columns B and C, line 33. However, if line 28 does not reflect any gain in Columns B and C, you must enter the total amount of line 29, Columns A through C					(07)	00
35. Net capital gain (or loss) (Add line 28, Column A and line 34)					(08)	00
36. If line 35 is more than zero, enter here and in Part 2, line 2 Q of the return, the sum of lines 27 and 35. If line 35 includes long-term capital gains, see instructions					(09)	00
37. If line 35 is a net loss, enter here and in Part 2, line 2 Q of the return, line 27 plus the smaller of the following amounts: a) The net loss on line 35, or b) (1,000)					(10)	00

Schedule D1 Individual

Rev. 12.06



SALE OR EXCHANGE OF PRINCIPAL RESIDENCE

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Computation of Gain

42

- 1. Date in which the old residence was sold (day, month, year)
2. Were funds from an Individual Retirement Account (IRA) used to acquire the old residence?
3. Have you bought or built a new residence?
4. Selling price of the old residence
5. Selling expenses
6. Total realized
7. Adjusted basis of residence sold
8. Gain realized on sale
9. If you have not replaced your residence, do you plan to do so during the replacement period?

Part II Once in a Lifetime Exclusion for Taxpayers Age 60 or Older (See instructions)

- 10. At the time of sale, who owned the residence?
11. Who was age 60 or older on the date of sale?
12. Did the person who was age 60 or older own and use the property sold as his or her principal residence for a total of at least 3 years
13. If line 12 is "Yes", do you elect to take the once in a lifetime exclusion from the gain on the sale?
14. Exclusion: Enter the smaller of line 8 or \$150,000 (\$75,000 if married filing separate returns)

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Residence

- 15. Recognized gain. If line 14 is zero, enter here the amount of line 8. Otherwise, subtract line 14 from line 8 and enter here.
16. Fixing-up expenses of the old residence
17. Add lines 14 and 16
18. Adjusted sales price
19. (a) Enter date you moved into new residence (b) Cost of new residence
20. Subtract line 19(b) from line 18. If it is zero or less, enter zero
21. Taxable gain. Enter the smaller of line 15 or 20. If it is zero or less, enter zero.
22. Gain to be postponed
23. Adjusted basis of new residence

Schedule G Individual

Rev. 12.06



SALE OR EXCHANGE OF ALL TRADE OR BUSINESS ASSETS OF A SOLE PROPRIETORSHIP BUSINESS

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

44

1. Did you elect to defer the gain from the sale of the first sole proprietorship business? (01) 1 Yes 2 No
 Taxable Year (02)

--

 Amount of deferred gain (03)

	00
--	----
2. Adjusted basis of the new sole proprietorship business..... (04)

	00
--	----
3. Did you sell your sole proprietorship business during this year? (05) 1 Yes 2 No
 ♦ If the answer is "Yes", continue with the form.
 ♦ If the answer is "No", do not complete the rest of the form and attach the same to your return.
4. Date in which the first sole proprietorship business was sold (day, month, year) (06)

	/	/
--	---	---
5. (a) Did you buy a new sole proprietorship business? (07) 1 Yes 2 No (b) If you answered "Yes", enter date (08)

	/	/
--	---	---

Part II Computation of Gain

6. Selling price of the first sole proprietorship business (09)

	00
--	----
7. Expenses of sale (Include sales commissions, advertising, legal fees, etc.) (10)

	00
--	----
8. Total realized (Subtract line 7 from line 6) (11)

	00
--	----
9. Adjusted basis of the first sole proprietorship business. (12) Includes prepayment: 1 Yes 2 No (See instructions) (13)

	00
--	----
10. Gain realized on sale (Subtract line 9 from line 8). If it is zero or less, enter zero and do not complete the rest of the form. If line 5 is "Yes", continue with Part III.
 If line 5 is "No", go to line 11 (14)

	00
--	----
11. If you haven't replaced your first sole proprietorship business, do you plan to do so within the replacement period? (15) 1 Yes 2 No
 If you answered "Yes", see instructions.
 If you answered "No", continue with Part III, line 12.

Part III Adjusted Sales Price, Taxable Gain and Adjusted Basis of New Sole Proprietorship Business

12. Recognized gain. Enter the amount of line 10.
 ♦ If line 12 is zero, do not complete the rest of the form and attach the same to your return.
 ♦ If line 12 is more than zero and line 5 is "Yes", go to line 13.
 ♦ If line 12 is more than zero and line 11 is "No", enter the gain on Schedule D Individual, as applicable: (16) 1 Short-term (Part I, line 2) 2 Long-term (Part II, line 13) (17)

	00
--	----
13. Selling price of the first sole proprietorship business (Enter the amount of line 6) (18)

	00
--	----
14. (a) Enter date you acquired the new sole proprietorship business (19)

	/	/
--	---	---

 (b) Cost of new sole proprietorship business (20)

	00
--	----
15. Purchasing commissions and expenses incurred in the new sole proprietorship business (21)

	00
--	----
16. Reinvested total (Add lines 14 (b) and 15) (22)

	00
--	----
17. Subtract line 16 from line 13. If it is zero or less, enter zero (23)

	00
--	----
18. Taxable gain. Enter the smaller of line 12 or 17. If it is zero or less, enter zero.
 If it is a gain, enter on Schedule D Individual, as applicable: (24) 1 Short-term (Part I, line 2)
 2 Long-term (Part II, line 13) (25)

	00
--	----
19. Postponed gain (Subtract line 18 from line 12) (26)

	00
--	----
20. Adjusted basis of the new sole proprietorship business (Subtract line 19 from line 16) (30)

	00
--	----

Schedule D2 Individual

Rev. 12.06



SPECIAL TAX ON NET LONG-TERM CAPITAL GAINS

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Computation of Special Tax on Net Long-term Capital Gains

56

1. Adjusted Gross Income (Part 2, line 5 of the return)	(01)		00
2. Less:			
(a) Excess of net long-term capital gain over the net short-term capital loss (See instructions)	(02)		00
(b) Lump-sum distribution from qualified pension plans (Schedule D Individual, Part IV, line 22(C)) (See instructions)	(03)		00
(c) Lump-sum distribution from qualified pension plans (Schedule D Individual, Part IV, line 23(C)) (See instructions)	(04)		00
(d) Lump-sum distribution from qualified pension plans (Schedule D Individual, Part IV, line 24 (C)) (See instructions)	(05)		00
(e) Lump-sum distribution from variable annuity contracts (Schedule D Individual, Part IV, line 26) ...	(06)		00
(f) Excess of net long-term capital gain over the net short-term capital loss, attributable to the investments in Tourism Development and Capital Investment Funds (Part 2, line 2R of the return)	(07)		00
(g) Excess of net long-term capital gain over the net short-term capital loss, attributable to the sale of shares from a business with a decree or that benefits from special legislation (See instructions)	(08)		00
(h) Total (Add lines 2(a) through 2(g))	(09)		00
3. Adjusted Gross Income (Subtract line 2(h) from line 1)	(10)		00
Note: Calculate your deductions for charitable contributions and medical expenses again (if any), based on your adjusted gross income from line 3 of this schedule. Do not change any of the amounts already entered on other schedules.			
4. Deductions and exemptions:			
(a) Enter the larger of standard or itemized deductions (Calculate again, if necessary. See instructions)	(11)		00
(b) Total additional deductions (Part 3, line 9 of the return)	(12)		00
(c) Personal exemption (Part 3, line 11 of the return)	(13)		00
(d) Total exemption for dependents (Part 3, line 12D of the return)	(14)		00
(e) Total deductions and exemptions (Add lines 4(a) through 4(d))	(15)		00
5. Net Taxable Income (Subtract line 4(e) from line 3. If it is less than zero, enter zero)	(16)		00
6. Determine the tax upon your income shown on line 5 according to tax tables and enter here	(17)		00
7. Multiply line 2(b) by 20%	(18)		00
8. Multiply the sum of lines 2(a), 2(c) and 2(e) by 12.5%	(19)		00
9. Multiply line 2(f) by 10%	(20)		00
10. Multiply line 2(d) by 5%	(21)		00
11. Multiply line 2(g) by the approved percent (Specify: _____%)	(22)		00
12. Total tax under the alternate method (Add lines 6 through 11)	(23)		00

Part II Computation of Regular Tax on Net Taxable Income as per Return

13. Net taxable income (Part 3, line 14 of the return)	(24)		00
14. Tax on the amount on line 13 according to tax tables	(25)		00
15. Determined tax (Enter here and on page 2, Part 4, line 15 of the return, the smaller of line 12 or 14. If you chose the amount on line 12, fill in () "Special tax on capital gains", or () "Tax Table" if you chose the amount on line 14)	(26)		00

Schedule F Individual

Rev. 12.06



OTHER INCOME

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Interest 31		Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Payer's name	Employer Identification Number	Account Number	Eligible interest subject to withholding	Interest subject to withholding from financial institutions	Interest not subject to withholding from financial institutions	Interest from IRA distributions to Government Pensioners	Interest from IRA distributions under Section 1169A	Interest from IRA distributions under Section 1169C	Other interest
	(01)		00	00	00	00	00	00	00
	(02)		00	00	00	00	00	00	00
	(03)		00	00	00	00	00	00	00
	(04)		00	00	00	00	00	00	00
	(05)		00	00	00	00	00	00	00
	(06)		00	00	00	00	00	00	00
	(07)		00	00	00	00	00	00	00
	(08)		00	00	00	00	00	00	00
1. Subtotal of interest (09)			00 (13)	00 (18)	00 (21)	00 (26)	00 (31)	00 (36)	00
2. Less: Interest exclusion (See instructions)				00 (14)	00 (19)	00 (22)	00 (27)	00 (32)	
3. Total interest (10)			00 (15)	00 (20)	00 (23)	00 (28)	00 (33)	00 (37)	00
4. Add line 3, Columns C and G.....									00 (38)
5. Tax: Enter 17% of line 3B, 10% of lines 3A, 3D and 3E, and 5% of line 3F (11)			00 (16)	00		00 (24)	00 (29)	00 (34)	
6. Total tax (Determine the total of line 5. Enter in Part 4, line 18 of the return)									00 (39)
7. Tax withheld (Submit Forms 480.6B, 480.6SE, 480.6CI, 480.7 and 480.7B, as applicable) (12)			00 (17)	00		00 (25)	00 (30)	00 (35)	
8. Total tax withheld (Determine the total of line 7. Enter on Schedule B Individual, Part III, line 4)..... (40)									00
9. Option to pay taxes from interest in any of Columns A, B and D as ordinary income (Enter here line 3A, 3B and 3D, as applicable) (41)									00
10. Total interest (Add lines 4 and 9. Transfer to Part 2, line 2A of the return)..... (42)									00

Part II Corporate Dividends and Partnerships Distributions		34										
Payer's name	Employer Identification Number	Account Number	Column A		Column B		Column C		Column D			
			Subject to withholding		Subject to withholding (Distributions under Section 1012(j) or 1221(d))		Subject to withholding (Deemed distributions under Section 1012(j) or 1221(d))		Not subject to withholding			
	(01)			00		00		00		00		
	(02)			00		00		00		00		
	(03)			00		00		00		00		
	(04)			00		00		00		00		
	(05)			00		00		00		00		
1. Total distributed amount				00		00		00		00		
2. Less: Exempt amount from dividends distributed under Act No. 26 of 1978											(00)
3. Total (Transfer the total of Column D to Part 2, line 2E of the return).....											(15)	00
4. Special tax: 10% of Column A (Enter in Part 4, line 19 of the return).....				00								
5. Special tax: 5% of Column B (Enter in Part 4, line 20 of the return)											(10)	00
6. Special tax: 5% of Column C (Enter in Part 4, line 21 of the return)											(13)	00
7. Tax withheld or paid (Submit Form 480.6B. Enter on Schedule B Individual, Part III, lines 5, 6 and 7, as applicable) ..				00		00		00		00		
NOTE: If you elected to include the distributions indicated in Columns A, B and/or C as ordinary income, do not consider lines 4, 5 and/or 6, and transfer the total of line 1, Columns A, B and/or C to Part 2, line 2D of the return.												

Part III Special Partnerships Profits (SUBMIT SCHEDULE R - SEE INSTRUCTIONS)		40									
Payer's name	Employer Identification Number	Profits									
	(01)										
	(02)										
	(03)										
Total Profits (Transfer to Part 2, line 2B of the return).....		(04)									

Part IV Profits from Corporations of Individuals											
Payer's name	Employer Identification Number	Profits or Losses									
	(05)										
	(06)										
	(07)										
Net profit											
Less: Losses from previous years (Submit Schedule)		(
Total Profits (Transfer to Part 2, line 2F of the return. If it is less than zero, enter zero).....		(08)									

Part V Distributions and Transfers from Governmental Plans													
Description	Fill in if you Prepaid	Distribution Date	(A) Total Distribution	(B) Basis	(C) Taxable Amount	(D) Taxable Amount Act 250 of 2006	Taxable Amount - Savings Account						
							(E) Distributions under \$10,000	(F) Lump-sum distributions (\$10,000 or more)	(G) Transfers under Section 1169B				
1. Taxable as ordinary income (Transfer the amount of Columns C and E to Part 2, line 2G of the return)	0		(09)	00		00	(12)	00		(14)	00		
2. Taxable at 10%	0		(10)	00		00				(15)	00	(16)	00
3. Taxable at 5%	0		(11)	00		00		(13)	00				
4. Tax on distributions or transfers (5% of Column D and 10% of Columns F and G. Enter in Part 4, line 25 of the return)											(17)	00	
5. Tax withheld (Enter on Schedule B Individual, Part III, line 18)											(18)	00	

Taxpayer's name			Social Security Number				
Part VI		Miscellaneous Income		Column A	Column B	Column C	Column D
Payer's name		Employer Identification Number	Account Number	Miscellaneous Income	Judicial or Extrajudicial Indemnification	Income from Prizes and Contests	Income from Major League Baseball teams and the U.S. National Basketball Association
		(19)		00	00	00	00
		(20)		00	00	00	00
		(21)		00	00	00	00
1. Total				(22) 00	(23) 00	(24) 00	(25) 00
2. Tax on income from Major League Baseball teams and the U.S. National Basketball Association (20% of line 1D. Transfer to Part 4, line 28 of the return)							(26) 00
3. Total miscellaneous income (Add total of Columns A, B and C. Transfer to Part 2, line 2H of the return)							(27) 00

Part VII										Distributions from Individual Retirement Accounts and Educational Contribution Accounts									
Payer's name		Employer Identification Number	Account Number	Fill in if you Prepaid	Column A		Column B		Column C		Column D		Column E		Column F				
					Total Distribution		Basis		IRA or Educational Contribution Accounts Distributions		IRA or Educational Contribution Account Distribution of Income from Sources Within P.R.		IRA Distributions to Government Pensioners (excluding contributions)		IRA Distributions under Section 1169C				
		(28)		0	00		00		00		00		00		00				
		(29)		0	00		00		00		00		00		00				
		(30)		0	00		00		00		00		00		00				
		(31)		0	00		00		00		00		00		00				
		(32)		0	00		00		00		00		00		00				
		(33)		0	00		00		00		00		00		00				
1. Total					(34) 00		(35) 00		(36) 00		(37) 00		(38) 00		00				
2. Tax on IRA or Educational Contribution Accounts distributions of income from sources within P.R. (17% of line 1D. Enter in Part 4, line 23 of the return)															(39) 00				
3. Tax on IRA distributions to Government pensioners (10% of line 1E. Enter in Part 4, line 24 of the return)															(40) 00				
4. Tax on IRA distributions under Section 1169C (5% of line 1F. Enter in Part 4, line 26 of the return)															(41) 00				
5. Option to pay taxes from distributions of income from sources within P.R. and from distributions to Government pensioners as ordinary income (Enter total of Columns D and/or E, only if you elected to include such distributions as ordinary income)															(42) 00				
6. Total distributions from Individual Retirement Accounts and Educational Contribution Accounts (Add total of Column C and line 5. Transfer to Part 2, line 2 I of the return)															(43) 00				

Part VIII										Distributions from Deferred Compensation Plans (Non Qualified)									
Description				Fill in if you Prepaid	Distribution Date	(A) Total Distribution		(B) Basis		(C) Taxable Amount		(D) Taxable Amount Act 250 of 2006							
1. Taxable as ordinary income (Transfer to Part VI, Column A of this Schedule)				0		(44) 00				(46) 00		(47) 00							
2. Taxable at 5%				0		(45) 00				(46) 00		(47) 00							
3. Tax on distributions under Act 250 of 2006 (5% of line 2D. Enter in Part 4, line 25 of the return)													(48) 00						
4. Tax withheld (Enter on Schedule B Individual, Part III, line 19)													(49) 00						

Schedule H Individual

Rev. 12.06



**INCOME FROM ANNUITIES
OR PENSIONS**

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Recipient of pension (Fill in one): 1 Taxpayer 2 Spouse
 Pension granted by (Fill in one): 1 ELA 2 Federal 3 Private Business Employer
 Place where the service was performed: Puerto Rico United States Others _____
 Date on which you started to receive the pension: Day _____ Month _____ Year _____

35

Part I Determination of Cost to be Recovered (See instructions)

1. Cost of annuity (amount paid). If it is zero, go to Part II and enter zero on line 10	(01)	00
2. Pension received in previous years:		
Year: _____		
Amount: _____	(02)	00
3. Less:		
(a) Taxable pension received in previous years:		
Year: _____		
Amount: _____	(03)	00
(b) Tax exempt pension received in previous years:		
Year: _____		
Amount: _____	(04)	00
4. Total (Add lines 3(a) and 3(b))	(05)	00
5. Cost of pension tax exempt recovered in previous years (Subtract line 4 from line 2)	(06)	00
6. Cost of pension to be recovered (Subtract line 5 from line 1)	(07)	00

Part II Taxable Income (See instructions)

7. Total amount received in the year	(08)	00
8. Tax exempt amount	(09)	00
9. Pension income less the exempt amount (Subtract line 8 from line 7. If it is less than zero, go to line 13)	(10)	00
10. Cost of pension to be recovered (Same as line 6)	(11)	00
11. Pension income in excess of the cost to be recovered (Subtract line 10 from line 9)	(12)	00
12. Taxable pension income (Enter here the amount of line 11 or 3% of line 1, whichever is larger (but not larger than the amount of line 9). Enter this amount in Part 2, line 2K of the Long Form)	(13)	00
13. Tax withheld on annuity or pension for the taxable year (Enter this amount in Part 4, line 34B of the Long Form)	(14)	00

Schedule I Individual

Rev. 12.06



ORDINARY AND NECESSARY EXPENSES

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I **Detail of Expenses (See instructions)**

58

1. Meals and entertainment			
A. Total expenses incurred or paid	(01)		00
B. Reimbursed expenses (meals and entertainment)	(02)		00
C. Difference (If line 1B exceeds line 1A, enter the excess here and on Schedule F Individual, Part VI)	(03)		00
D. Difference (If line 1A exceeds line 1B, enter the excess here)	(04)		00
E. Enter 50% of line 1D (See instructions)	(05)		00
2. Other expenses			
A. Cost and maintenance of uniforms	(11)		00
B. Dues paid to unions, college memberships and professional associations	(12)		00
C. Purchase of educational materials by teachers	(13)		00
D. Purchase of technical books related to professional or technical work	(14)		00
E. Educational and improvement expenses of your profession or occupation	(15)		00
F. Depreciation (Part II of this Schedule)	(16)		00
G. Other expenses related to your profession or occupation	(17)		00
H. Total other expenses (Add lines 2A through 2G. Enter total here)	(18)		00
I. Reimbursement of other expenses	(19)		00
J. Difference (If the amount on line 2I exceeds the amount on line 2H, enter the excess here and on Schedule F Individual, Part VI. Otherwise, go to line 2K)	(20)		00
K. If line 2H exceeds line 2I, enter the excess on this line	(30)		00
3. Total ordinary and necessary expenses (Add lines 1E and 2K. Enter the amount on this line)	(31)		00
4. Wages, Commissions, Allowances and Tips (Part 2, line 1B of the Long Form)	(32)		00
5. Federal Government Wages (Part 2, line 1C of the Long Form)	(33)		00
6. Total wages (Add lines 4 and 5)	(34)		00
7. Multiply line 6 by 3% and enter here	(35)		00
8. Deduction for ordinary and necessary expenses (Enter here and on Schedule A Individual, Part II, line 5 the smaller of the following amounts: line 3, line 7, or up to the limit of \$1,500 (\$750 if you are married filing separate returns))	(40)		00

Schedule K Individual

Rev. 12.06



INDUSTRY OR BUSINESS INCOME

Taxable year beginning on _____ and ending on _____

2006

Taxpayer's name

Social Security Number

Part I Questionnaire

65

Date operations began:

Employer Identification Number

Number of employees

Industry or Business Income (fill in one):

Fill in here if this is your principal industry or business

Day _____ Month _____ Year _____

1 Taxpayer 2 Spouse

Fully Taxable (01)

Merchant's Registration Number

Location of Industry or Business - Number, Street and City

Tax Incentives under:

- Act No. 26 of 1978 (02)
- Act No. 8 of 1987 (03)
- Act No. 148 of 1988 (04)
- Act No. 78 of 1993 (05)
- Act No. 75 of 1995 (06)
- Act No. 14 of 1996 (07)
- Act No. 135 of 1997 (08)
- Act No. 362 of 1999 (09)
- Act No. 178 of 2000 (10)

Case or Concession Number

Industrial Code

Code

Nature of industry or business (i.e. hotel, rent of equipment, etc.)

Part II Determination of Gain or Loss

71

1. Net sales	(01)	00
2. Cost of goods sold or direct costs of production:		
a) Beginning inventory	(02)	00
b) Plus: Purchases	(03)	00
c) Direct salaries	(04)	00
d) Other direct costs	(05)	00
e) Total (Add lines 2(a) through 2(d))	(06)	00
f) Less: Ending inventory	(07)	00
g) TOTAL COST OF GOODS SOLD (Subtract line 2(f) from line 2(e))	(08)	00
3. Gross income (Subtract line 2(g) from line 1)	(09)	00
4. Less: Operating expenses and other costs (Detail in Part III)	(10)	00
5. Net income	(11)	00
6. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)	00
7. Adjusted net income	(13)	00
8. Less exempt amount: _____% of line 7 (See instructions)	(14)	00
9. Gain (or loss) (If it is a gain determined under provisions not considered under Act No. 135 of 1997 or Act 362 of 1999, transfer the amount to page 1, Part 2, line 2M of the return. If it is a loss, see instructions)	(15)	00
10. Special Tax Rate: Net income from Film Projects or Infrastructure Projects <input type="radio"/> 7%; Business with exemption decree under Act 135 of 1997 <input type="radio"/> 10% <input type="radio"/> 7% <input type="radio"/> 4% <input type="radio"/> 2% <input type="radio"/> Other _____% (Multiply line 9 by the corresponding %. Transfer to page 2, Part 4, line 27 of the return) (See instructions)	(20)	00

Part III Operating Expenses and Other Costs

81

1. Salaries, commissions and allowances to employees	(01)	00
2. Commissions to businesses	(02)	00
3. Payroll expenses	(03)	00
4. Contributions to pension plans	(04)	00
5. Contributions to deferred income plans	(05)	00
6. Medical or hospitalization insurance	(06)	00
7. Interest on business debts	(07)	00
8. Rent paid	(08)	00
9. Property taxes	(09)	00
10. Other taxes, patents and licenses	(10)	00
11. Repairs	(11)	00
12. Motor vehicles expenses	(12)	00
13. Utilities	(13)	00
14. Insurance	(14)	00
15. Advertising	(15)	00
16. Travel expenses	(16)	00
17. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(17)	00
18. Professional services	(18)	00
19. Materials and supplies	(19)	00
20. Depreciation and amortization (Submit Schedule E)	(20)	00
21. Bad debts	(21)	00
22. Other expenses (Submit detailed schedule)	(22)	00
23. Total (Transfer to Part II, line 4 of this Schedule)	(30)	00

Schedule L Individual

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FARMING INCOME

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

66

Employer Identification Number	Farming Income (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Date operations began: Day _____ Month _____ Year _____
Merchant's Registration Number	Location of Farming Business - Number, Street and City	EXEMPTION UNDER: Act No. 225 of 1995 <input type="radio"/> (01) Section 1023(s) of the Code <input type="radio"/> (02)	
Industrial Code	Code	Nature of farming business (i.e. milk-dairy, breeding of chicken, etc.)	Number of employees

Part II Determination of Gain or Loss

73

1. Net sales	(01)		00
2. Other income related to farming business	(02)		00
3. Total income (Add lines 1 and 2)	(03)		00
4. Cost of goods sold or direct costs of production:			
a) Beginning inventory	(04)		00
b) Plus: Purchases	(05)		00
c) Direct salaries	(06)		00
d) Other direct costs	(07)		00
e) Total (Add lines 4(a) through 4(d))	(08)		00
f) Less: Ending inventory	(09)		00
g) TOTAL COST OF GOODS SOLD (Subtract line 4(f) from line 4(e))	(10)		00
5. Gross income (Subtract line 4(g) from line 3)	(11)		00
6. Less: Operating expenses and other costs (Detail in Part III)	(12)		00
7. Net income	(13)		00
8. Less: Net operating loss from previous years (Submit schedule, see instructions)	(14)		00
9. Adjusted net income	(15)		00
10. Less: Exempt amount (90% of line 9)	(16)		00
11. Gain (or loss) (If it is a gain, transfer to page 1, Part 2, line 2N of the return. If it is a loss, see instructions)	(20)		00

Part III Operating Expenses and Other Costs

83

1. Salaries, commissions and allowances to employees	(01)		00
2. Commissions to businesses	(02)		00
3. Payroll expenses	(03)		00
4. Contributions to pension plans	(04)		00
5. Contributions to deferred income plans	(05)		00
6. Medical or hospitalization insurance	(06)		00
7. Interest on business debts	(07)		00
8. Rent paid	(08)		00
9. Property taxes	(09)		00
10. Other taxes, patents and licenses	(10)		00
11. Repairs	(11)		00
12. Motor vehicles expenses	(12)		00
13. Utilities	(13)		00
14. Insurance	(14)		00
15. Advertising	(15)		00
16. Travel expenses	(16)		00
17. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(17)		00
18. Professional services	(18)		00
19. Materials and supplies	(19)		00
20. Depreciation and amortization (Submit Schedule E)	(20)		00
21. Bad debts	(21)		00
22. Other expenses (Submit detailed schedule)	(22)		00
23. Total (Transfer to Part II, line 6 of this Schedule)	(30)		00

Schedule M Individual

Rev. 12.06



**PROFESSIONS AND COMMISSIONS
INCOME**

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I		Questionnaire (You must fill out one schedule for each source of income)		67
Employer Identification Number	Income from (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in one: <input type="radio"/> 3 Professions <input type="radio"/> 4 Commissions	Fill in here if this is your principal industry or business <input type="radio"/>	
Merchant's Registration Number	Location of Principal Office - Number, Street and City		Date operations began: Day____ Month____ Year____	
Industrial Code	Code	Nature of profession (i.e. lawyer, accountant, commission agent, etc.)	Number of employees	

Part II		Determination of Gain or Loss		75
1. Income	(01)			00
2. Less: Operating expenses and other costs (Detail in Part III)	(10)			00
3. Net income	(11)			00
4. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)			00
5. Gain (or loss) (If it is a gain, transfer to page 1, Part 2, line 2 O of the return. If it is a loss, see instructions)	(20)			00

Part III		Operating Expenses and Other Costs		85
1. Salaries, commissions and allowances to employees	(01)			00
2. Commissions to businesses	(02)			00
3. Payroll expenses	(03)			00
4. Contributions to pension plans	(04)			00
5. Contributions to deferred income plans	(05)			00
6. Medical or hospitalization insurance	(06)			00
7. Interest on business debts	(07)			00
8. Rent paid	(08)			00
9. Property taxes	(09)			00
10. Other taxes, patents and licenses	(10)			00
11. Repairs	(11)			00
12. Motor vehicles expenses	(12)			00
13. Utilities	(13)			00
14. Insurance	(14)			00
15. Advertising	(15)			00
16. Travel expenses	(16)			00
17. Meal and entertainment expenses (Total expenses \$ _____) (See instructions)	(17)			00
18. Professional services	(18)			00
19. Materials and supplies	(19)			00
20. Depreciation and amortization (Submit Schedule E)	(20)			00
21. Bad debts	(21)			00
22. Other expenses (Submit detailed schedule)	(22)			00
23. Total (Transfer to Part II, line 2 of this Schedule)	(30)			00

Schedule N Individual

Rev. 12.06



RENTAL INCOME

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security Number

Part I Questionnaire

68

Merchant's Registration Number	Rental Income (fill in one): <input type="radio"/> 1 Taxpayer <input type="radio"/> 2 Spouse	Fill in here if this is your principal industry or business <input type="radio"/>	Code
Location of rented property - Number, Street and City		Fully Taxable <input type="radio"/> (01) Tax Incentives under: Act No. 78 of 1993 <input type="radio"/> (02) Act No. 52 of 1983 <input type="radio"/> (03) Act No. 8 of 1987 <input type="radio"/> (04) Act No. 135 of 1997 <input type="radio"/> (05)	
Nature of rented property (i.e. residence, apartment, etc.)	Case or concession number	Number of employees	

Part II Determination of Gain or Loss

77

1. Income	(01)		00
2. Less: Operating expenses and other costs (Detail in Part III)	(10)		00
3. Net income	(11)		00
4. Less: Net operating loss from previous years (Submit schedule, see instructions)	(12)		00
5. Adjusted net income	(13)		00
6. Less: Exempt amount _____ % of line 5 (See instructions)	(14)		00
7. Gain (or loss) (If it is a gain determined under provisions not considered under Act No. 135 of 1997, transfer to page 1, Part 2, line 2P of the return. If it is a loss, see instructions)	(15)		00
8. Tax on income derived from the operation of a business with exemption decree under Act 135 of 1997: <input type="radio"/> 10% <input type="radio"/> 7% <input type="radio"/> 4% <input type="radio"/> 2% <input type="radio"/> Other _____ %. (Multiply line 7 by the corresponding %.			
Transfer to page 2, Part 4, line 27 of the return) (See instructions)	(20)		00

Part III Operating Expenses and Other Costs

87

1. Salaries, commissions and allowances to employees	(01)		00
2. Payroll expenses	(02)		00
3. Contributions to pension plans	(03)		00
4. Contributions to deferred income plans	(04)		00
5. Medical or hospitalization insurance	(05)		00
6. Interest on business debts	(06)		00
7. Property taxes	(07)		00
8. Other taxes, patents and licenses	(08)		00
9. Repairs	(09)		00
10. Motor vehicles expenses	(10)		00
11. Utilities	(11)		00
12. Insurance	(12)		00
13. Advertising	(13)		00
14. Travel expenses	(14)		00
15. Professional services	(15)		00
16. Maintenance	(16)		00
17. Depreciation and amortization (Submit Schedule E)	(17)		00
18. Other expenses (Submit detailed schedule)	(18)		00
19. Total (Transfer to Part II, line 2 of this Schedule)	(30)		00

Schedule O Individual

Rev. 12.06



ALTERNATE BASIC TAX

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

1. Adjusted Gross Income (Enter the amount from Part 2, line 5 of the return)	(01)	91	00
2. Less:			
(a) Ordinary and necessary expenses	(02)		00
(b) Long-term capital gain	(03)		00
(c) Total	(04)		00
3. Adjusted Gross Income for purposes of the Alternate Basic Tax (Subtract line 2(c) from line 1)	(05)		00
4. Regular Tax (The sum of lines 15 and 16 from Part 4 of the return, or the sum of the tax determined on line 6 of Schedule D2 Individual, if applicable, and line 16 from Part 4 of the return)	(06)		00
5. Determine the Alternate Basic Tax as follows: If the Adjusted Gross Income (line 3) is:			
(a) \$75,000 but not over \$125,000 (\$37,500 but not over \$62,500, if married filing separate return), multiply line 3 by 10%.			
(b) Over \$125,000 but not over \$175,000 (over \$62,500 but not over \$87,500, if married filing separate return), multiply line 3 by 15%.			
(c) Over \$175,000 (over \$87,500, if married filing separate return), multiply line 3 by 20%.			
This is your Alternate Basic Tax (Enter the corresponding amount on this line)	(07)		00
6. Excess of Alternate Basic Tax over Regular Tax (Subtract line 4 from line 5. If line 4 is larger than line 5, enter zero. If line 5 is larger than line 4, enter the difference here and transfer to Part 4, line 17 of the return)	(10)		00

Schedule P Individual

Rev. 12.06



GRADUAL ADJUSTMENT

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

1. Net Taxable Income (Part 3, line 14 of the return or the net taxable income from Schedule D2 Individual, line 5)	(01)		93	00
2. Enter \$75,000 (\$37,500, if married filing separate return)	(02)			00
3. Subtract line 2 from line 1	(03)			00
4. 5% of line 3	(04)			00
5. Limit:				
(a) Enter \$7,310 (\$3,655, if married filing separate return)	(05)			00
(b) Plus: 33% of personal exemption and exemption for dependents (Line 11 and line 12D from Part 3 of the return)	(06)			00
6. Total limit (Add lines 5(a) and 5(b))	(07)			00
7. Gradual adjustment (The smaller of line 4 or 6. Enter here and in Part 4, line 16 of the return)	(10)			00

Schedule R

Rev. 12.06



SPECIAL PARTNERSHIP

2006

Taxable year beginning on _____ and ending on _____

Taxpayer's name

Social Security or Employer Identification No.

Part I Adjusted Basis Determination of a Partner in one or more Special Partnerships

	Column A	Column B	Column C
Name of entity			
Employer identification number			
1. Adjusted basis at the end of the previous taxable year	00	00	00
2. Basis increase:			
(a) Partner's distributable share on income and profits claimed on previous year (See instructions)	00	00	00
(b) Contributions made during the year	00	00	00
(c) Special partnership's capital assets gain	00	00	00
(d) Exempt income	00	00	00
(e) Farming income deduction granted by Section 1023(s) of the Code	00	00	00
(f) Other income or gains (See instructions)	00	00	00
(g) Total basis increase (Add lines 2(a) through 2(f))	00	00	00
3. Basis decrease:			
(a) Partner's distributable share on partnership's loss claimed on previous year	00	00	00
(b) Special partnership's capital assets loss	00	00	00
(c) Distributions during the year	00	00	00
(d) Credits claimed the preceding year (See instructions)	00	00	00
(e) Withholding at source during the year	00	00	00
(f) No admissible expenses for the year	00	00	00
(g) Distributable share on losses from exempt operations during the year	00	00	00
(h) Total basis decrease (Add lines 3(a) through 3(g))	00	00	00
4. Adjusted Basis (Add lines 1 and 2(g) less line 3(h). Transfer this amount to line 6(a))	00	00	00

Part II Determination of Partner's Allowable Losses in one or more Special Partnerships

95

5. (a) Partner's distributable share on partnership's loss for the year	00	00	00
(b) Loss carryover from previous years (See instructions)	00	00	00
(c) Total losses (Add lines 5(a) and 5(b))	00	00	00
6. (a) Adjusted Basis (Part I, line 4)	00	00	00
(b) Partnership's debts under Tourism Incentives Act or Tourism Development Act attributable to partner	00	00	00
(c) Total partner's adjusted basis (Add lines 6(a) and 6(b))	00	00	00
7. Distributable share on partnership's net income for the year (See instructions)	00	00	00
8. Excess of net income (or loss) on distributable share (Subtract line 5(c) from line 7)	(01)	00	(02)
• If line 8 is zero or more than zero, do not complete the rest of the form (Transfer these amounts to Schedule F Individual, Part III or Form 480.10 or 480.20, Part IV, line 15)			
• If line 8 is less than zero, continue with line 9.			
9. Available losses (The smaller of lines 6(c) or 8)	00	00	00
10. Total losses (Add losses determined on line 9, Columns A through C)			00
11. Partner's net income without considering losses from special partnerships (See instructions)			00
12. 50% of line 11			00
13. Allowable Loss (Enter the smaller of line 10 or 12. Enter this amount on Form 482.0, Part 2, line 2C or Form 480.10 or 480.20, Part IV, line 16)			(10) 00
14. Loss carryforward for next year (Add lines 7 and 13 and subtract this amount from line 5(c))			00

Schedule T Individual

Rev. 12.06



**ADDITION TO THE TAX FOR FAILURE TO PAY
ESTIMATED TAX IN CASE OF INDIVIDUALS**

2006

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name

Social Security Number

Part I Penalty for Substantial Underestimate of Tax

14

1. Tax liability (Add lines 29 and 30 of Part 4 of the return)	00
2. Credits and overpayments (See instructions)	00
3. Estimated tax (Subtract line 2 from line 1. If it is \$200 or less, do not complete this Schedule)	00
4. Line 1 multiplied by 90%. If you are a farmer who exercised the option under Section 1061, multiply line 1 by 66 2/3% (See instructions)	00
5. Estimated tax paid (Schedule B Individual, Part III, line 1)	00
6. Estimated tax declared (Form 480-E, line 5)	00
(If the taxpayer died during the year, do not complete the rest of this Part and continue with Part II or III, as applicable)	
7. Subtract lines 6 and 2 from line 4 (If it is less than zero, enter zero)	00
8. Estimated tax to be paid based on the tax information from previous year (See instructions)	00
9. Subtract line 5 from line 8 (If it is less than zero, enter zero. If it is zero, see instructions and go to Part II or III, as applicable)	00
10. If line 7 is larger than zero, subtract lines 6 and 2 from line 1, otherwise, enter zero	00
11. Multiply line 10 by 12%	00
12. Penalty for Substantial Underestimate (Enter the smaller of line 7 or 11) (01)	00

Part II Addition to the Tax for Failure to Pay - Short Method (See instructions)

Fill in here if you meet all the requirements

13. If the Estimated Tax Declaration was filed on time, enter line 6, otherwise, enter line 3 (See instructions)	00
14. Failure to pay (Subtract line 5 from line 13)	00
15. Penalty for Failure to Pay (Multiply line 14 by 18.5%) (02)	00

Part III Addition to the Tax for Failure to Pay - Ordinary Method

Section A - Failure to Pay

Due date

- CALENDAR YEAR
- FISCAL YEAR (Enter the corresponding dates)

(a) First Installment	(b) Second Installment	(c) Third Installment	(d) Fourth Installment
--------------------------	---------------------------	--------------------------	---------------------------

16. Amount of estimated tax per installment (See instructions)	00	00	00	00
17. Amount of estimated tax paid per installment (See instructions)	00	00	00	00
18. Payment date (See instructions)				
19. Line 25 from previous column		00	00	00
20. Add lines 17 and 19	00	00	00	00
21. Subtract line 16 from line 20 (If it is less than zero, enter zero)	00	00	00	00
22. Failure to Pay (If line 21 is zero, subtract line 20 from line 16, otherwise, enter zero)	00	00	00	00
23. Add lines 22 and 24 from previous column		00	00	
24. If line 23 is equal or larger than line 21, subtract line 21 from line 23 and go to line 19 of next column. Otherwise, go to line 25		00	00	
25. Overpayment (If line 21 is larger than line 23, subtract line 23 from line 21, and go to line 19 of next column. Otherwise, enter zero)	00	00	00	

Section B - Penalty

26. Multiply line 22 by 10%	00	00	00	00
27. Months or fraction thereof (except the first month), from the due date to the payment date (See instructions)				
28. Multiply line 27 by 2%				
29. Multiply line 22 by line 28	00	00	00	00
30. Add lines 26 and 29	00	00	00	00
31. Multiply line 22 by 20%	00	00	00	00
32. Enter the smaller of lines 30 and 31	00	00	00	00
33. Penalty for Failure to Pay (Add the amounts from columns of line 32) (03)				00

Part IV Addition to the Tax for Failure to Pay Estimated Tax

34. Addition to the Tax for Failure to Pay Estimated Tax (Add line 12 and line 15 or 33, whichever applies. Transfer to page 2, Part 4, line 38 of the return) (04)	00
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Formulario 480-E

Form
Rev. 09.06



DECLARACION DE CONTRIBUCION ESTIMADA
ESTIMATED TAX DECLARATION

PARA USO OFICIAL
FOR OFFICIAL USE

Número de Serie - Serial Number

Año que comienza el _____ de _____ de _____ y termina el _____ de _____ de _____
Year beginning on _____ of _____ and ending on _____ of _____

R

Liquidador

Revisor

Número de Seguro Social o Identificación Patronal
Social Security or Employer Identification Number

Número de Registro de Comerciante
Merchant's Registration Number

Individuo
Individual Corporación
Corporation Sociedad
Partnership

Nombre y dirección del contribuyente - Taxpayer's name and address

Declaración Enmendada
Amended Declaration

Sello de Recibo
Receipt Stamp

1. Total Contribución Estimada Total Estimated Tax		00
2. Crédito Estimado por Cantidades Retenidas o Pagadas Estimated Credit for Amounts Withheld or Paid		00
3. Contribución Estimada Ajustada (Línea 1 menos línea 2) Adjusted Estimated Tax (Subtract line 2 from line 1)		00
4. Crédito por Contribución Pagada en Exceso Credit for Tax Paid in Excess		00
5. Contribución Estimada a Pagar (Línea 3 menos línea 4) Estimated Tax to be Paid (Subtract line 4 from line 3)		00
6. Importe de cada Plazo Amount of each Installment		00
7. Crédito por Contribución Pagada en Exceso No Reclamado en línea 4 Credit for Tax Paid in Excess not Claimed on line 4		00
8. Balance a Pagar: Balance to be paid:	(a) Primer Plazo First Installment	00
	(b) Segundo Plazo Second Installment	00
	(c) Tercer Plazo Third Installment	00
	(d) Cuarto Plazo Fourth Installment	00

JURAMENTO - OATH

Declaro bajo penalidad de perjurio que esta declaración ha sido examinada por mí y que según mi mejor información y creencia es cierta, correcta y completa. I hereby declare under penalty of perjury that this declaration has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Firma del Contribuyente o Representante Autorizado
Taxpayer's or Duly Authorized Agent's Signature

Título - Title

Fecha - Date _____

INFORMACION IMPORTANTE AL RENDIR ESTA DECLARACION
IMPORTANT INFORMATION WHEN FILING THIS DECLARATION

- No deberá ser enviada con la planilla.** It should not be sent with the return.
- Se rinde por separado en la Colecturía del Municipio donde reside o se envía al: DEPARTAMENTO DE HACIENDA PO BOX 9022501 SAN JUAN PR 00902-2501.** Must be filed separately at the Internal Revenue Collections Office of the Municipality where you reside or sent to: DEPARTMENT OF THE TREASURY PO BOX 9022501 SAN JUAN PR 00902-2501.
- Recuerde que si tiene la obligación de rendir una Declaración de Contribución Estimada, no podrá acogerse al beneficio de pagar el balance pendiente de pago de la contribución en dos plazos.** Remember that if you are required to file an Estimated Tax Declaration, you are not entitled to the benefit of paying the balance of tax due in two installments.